

OFFICIAL FILE COPY

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 - 1 5

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

12/01/02

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130(d)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 1a-6.8

Attachment 3.1-B, Page 2a-8.5

Attachment 4.19-B, Page 34

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -0-

b. FFY 2004 \$ -0-

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same Page, Revised 11/05/99, TN#99-22

Same Page, Revised 11/05/99, TN#99-22

Same Page, Revised 02/01/97, TN#97-04

10. SUBJECT OF AMENDMENT:

Changing group therapy to, group rehabilitative treatment in the array of services for
Residential Behavioral Management Services (TFC).

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Billie Wright

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

31 DECEMBER 2002

18. DATE APPROVED:

28 MARCH 2003

19. EFFECTIVE DATE OF APPROVED MATERIAL:

11 DECEMBER 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty
Jim Hancock
Billie Wright

3-18-03

Pen and ink change - correct numbering
from #17 to #16 on first entry under
4.6 EPSDT on page 1a-6.8



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

Andrew A. Fredrickson

Associate Regional Administrator, Division of Medicaid & Children's Health

1301 Young Street, Room 833

Dallas, Texas 75202

Phone (214) 767-6495

Fax (214) 767-0270

March 24, 2003

Our Reference: SPA-OK-02-15

Mr. Jim Hancock, Director
Health Policy Division
Oklahoma Health Care Authority
4545 North Lincoln Blvd., Suite 124
Oklahoma City, Oklahoma 73105

Dear Mr. Hancock:

We have enclosed a copy of HCFA-179, Transmittal # 02-15, dated December 31, 2002. This amendment reduces the number of treatments providers are required to provide as part of an array of services entitled Behavioral Management Services (BMS). BMS is a package of rehabilitative mental health services provided to EPSDT eligible foster care children, billed as an all-inclusive daily rate.

We have approved the amendment for incorporation into the official Oklahoma State Plan effective December 1, 2002. If you have any questions, please contact Ford Blunt at (214) 767-6381.

Sincerely,

Andrew A. Fredrickson
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure

cc: Elliott Wesiman, CMSO (Clearinghouse)



Revision: HCFA-AT-78-69 (MMB)
July 24, 1978

Corrected
Attachment 3.1-A
Page 1a-6.8

State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

4.b. EPSDT (continued)

~~16.~~
~~17.~~ Podiatrists' Services. Payment is made for medically necessary surgical procedures and medically necessary outpatient visits; and procedures generally considered as preventive foot care. Services beyond this limitation are available if, as a result of an EPSDT screening, they are determined to be medically necessary and prior authorized.

17. Rehabilitative Services. The descriptive name for these services is "Behavior Health Services". These services are for children and youth with special, psychological, social and emotional needs requiring intensive, therapeutic care. The services require prior authorization and are comprised of the following components as are indicated in a plan of treatment (a plan being inherent in the provision of therapy and not covered as a separate item of this service/procedure) : group rehabilitative treatment, individual therapy, family therapy, substance abuse/chemical dependency therapy, basic living skills redevelopment, social skills redevelopment, crisis/behavior management.

Behavior health services may be provided by the following types of providers : 1) Hospitals (refer to Attachment 3.1-A, Page 1a-2.6) 2) outpatient mental health services providers (refer to Attachment 3.1-A, Page 1a-2.2); and 3) residential foster care providers (the term "residential foster care provider" means any agency licensed by the State of Oklahoma as a "child placing agency".) Under State statutes, only a licensed child placing agency or an agency of the State of Oklahoma may lawfully place a child outside his or her own home or the home of a relative. Any licensed child placing agency which meets program requirements and which enters into a contract with the State Medicaid Program, may provide services.

The parents of clients not in the custody of the State of Oklahoma may select any eligible provider as the provider of these services. In the case of children in the custody of the State of Oklahoma, the State, acting in its custodial role, selects the provider agency.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>12-31-02</u>	
DATE APP'D <u>03-24-03</u>	
DATE EFF <u>12-01-02</u>	
HCFA 179 <u>OK 02-15</u>	

Revised 12-01-02

TN# OK 02-15 Approval Date 3-24-03 Effective Date 12-1-02

Supersedes

TN# OK 99-02

SUPERSEDES: TN. OK 99-02

Revision: HCFA-AT-86-20 (BERC)
September 1986

Corrected
Attachment 3.1-B
Page 2a-8.5

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4.b. EPSDT (continued)

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